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File 13:BAMP 2005/May W2

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File 194:FBODaily 1982/Dec-2005/Feb

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File 636:Gale Group Newsletter DB(TM) 1987-2005/May 16

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File 649:Gale Group Newswire ASAP(TM) 2005/May 05

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Set	Items	Description
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S1	10549	TOMOGRAPH? AND (MAGNETIC? (2W) RESONANCE?) AND PD< AND MRI?
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S2	34	S1 AND ((RADIO? (2N) IMAG?) (2W) (WORK? OR STATION? OR TEI MINAL OR COMPUTER?))
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S3	32	RD (unique items)
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S4	32	RD (unique items)
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S5	24	S4 AND CT?
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S6	7	S5 AND COMPAR?
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T S6/3,KWIC/1-7

6/3,KWIC/1 (Item 1 from file: 73)

DIALOG(R)File 73:EMBASE

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10963934 EMBASE No: 2001007719

Where is imaging going in rheumatology?

Ghozlan R.; Vacher H.

Prof. R. Ghozlan, Rheumatic Diseases Department, Coll. de Med. des
Hopitaux de Paris, l'Hopital Europeen de Paris, La Roseraie 55, rue Henri
Barbusse, 93300 Aubervilliers France

Bailliere's Best Practice and Research in Clinical Rheumatology (
BAILLIERE'S BEST PRACT. RES. CLIN. RHEUMATOL.) (United Kingdom) 2000
14/4 (617-633)

CODEN: BBPRF ISSN: 1521-6942

DOCUMENT TYPE: Journal ; Review

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 33

...Doppler energy and digital technology techniques, with contrast agents and biopsy needles. Next is computer tomography (CT), using volume acquisition multislices, spiral reconstruction and solid detectors, as well as multidetectors. Finally comes magnetic resonance imaging (MRI). A low magnetic field with an open MRI scan permits interventional radiology in musculoskeletal disease. High magnetic fields are mainly used for clinical...

...interventional radiology, many procedures can be performed with the guidance of digital radiography, US or MRI . Two areas of localization have to be considered: the spine and the peripheral joints, particularly...

...of irradiation and sometimes the lack of diagnostic value of these procedures. In rheumatoid arthritis, MRI can detect lesions at an earlier stage of their development and identify subtle lesions and synovitis. Imaging (using x-rays, MRI and US) is important in the assessment of the effectiveness of slow-acting drugs in...

...disease. Future developments therefore include PACS, filmless radiology, the Internet and intranet, harmonic US, multidetector CT scanning and open MRI on the technical side, as well as the study of cartilage and interventional radiology on...

MEDICAL DESCRIPTORS:

human; clinical trial; diagnostic imaging ; radiodiagnosis ; echography;
computer assisted tomography ; nuclear magnetic resonance imaging;

interventional radiology; musculoskeletal disease--diagnosis--di; practice guideline; good clinical practice; health care access...

...risk factor; diagnostic value; rheumatoid arthritis--diagnosis--di; medical assessment; Internet; contrast enhancement; chemonucleolysis; intermethod comparison ; early diagnosis; review; priority journal

6/3,KWIC/2 (Item 2 from file: 73)

DIALOG(R)File 73:EMBASE

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10895465 EMBASE No: 2000380523

Difficult traumatology: The ankle (pilon of the tibia). Radiographic assessment

TRAUMATOLOGIA DIFFICILE: L'ARTICOLAZIONE TIBIO-TARSICA (PILLONE TI
Sabatino C.; Ferrero G.; Torasso G.

C. Sabatino, Via delle Fucine, 12, 10094 Giaveno (TO) Italy

Minerva Ortopedica e Traumatologica (MINERVA ORTOP. TRAUMATOL.) (Italy)
2000, 51/5 (301-306).

CODEN: MOTRE ISSN: 0026-4911

DOCUMENT TYPE: Journal; Conference Paper

LANGUAGE: ITALIAN SUMMARY LANGUAGE: ENGLISH; ITALIAN

NUMBER OF REFERENCES: 9

...personally treated from 1994 to march 2000 have been examined critically. These cases have been compared to the indications pointed out in surveys made during last years. Results. According to the...

...internal and external oblique. After the patient's hospitalization the diagnosis is completed by either tomography or CT scan; the latter is conclusive in order to classify the lesion and helps significantly the preoperative planning. On the contrary, MRI is not able to modify significantly the diagnosis and consequently the treatment of these fractures...

...connected to the correct execution of the above mentioned radiograms. The preoperative planning based on CT scan allows a reasonable choice of the surgical approach and of the appropriate surgical technique...

MEDICAL DESCRIPTORS:

radiodiagnosis ; evaluation; image analysis; computer assisted tomography ; disease classification; nuclear magnetic resonance imaging ; intraoperative period; treatment planning; foot radiography; surgical technique; operation duration; human; clinical article; conference...

6/3,KWIC/3 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE
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10787159 EMBASE No: 2000267409

MRI in the assessment of gunshot injuries

DIE MRT ZUR BEURTEILUNG VON SCHUSSVERLETZUNGEN

Hess U.; Harms J.

Dr. U. Hess, Inst. für Radiol. und Nuklearmedizin, Deutsches Herzzentrum
München, Lazarettstrasse 36, 80636 München Germany

Rechtsmedizin (RECHTSMEDIZIN) (Germany) 2000, 10/3 (90-95)

CODEN: RECME ISSN: 0937-9819

DOCUMENT TYPE: Journal; Article

LANGUAGE: GERMAN SUMMARY LANGUAGE: ENGLISH; GERMAN

NUMBER OF REFERENCES: 22

MRI in the assessment of gunshot injuries

For the assessment of gunshot injuries, conventional X-ray examination, ultrasound and CT examinations are commonly used imaging techniques. With the exception of some authors, there is agreement that projectiles indicate a contraindication for MRI because of artificial imaging side-effects and the potential of secondary dislocation due to ferromagnetism. MRI testing was carried out on 56 projectiles for ferromagnetism and imaging quality in vitro and in pig carcasses with a 0.2T and a 1.5T- MRI scanner. The image quality was compared to that of a CT scan. Projectiles with ferromagnetic properties can easily be distinguished from non-ferromagnetic ones by pretesting...

...same type within the magnetic field of the MR scanner. When ferromagnetic projectiles were excluded, MRI yielded the more precise images compared to other imaging techniques. Projectile localization and associated soft tissue injuries were visualized without artifacts in all cases. When ferromagnetism is excluded MRI gives an excellent imaging procedure for the assessment and documentation of gunshot injuries.

Therefore this...

MEDICAL DESCRIPTORS:

nuclear magnetic resonance imaging ; echography; radiography ;
computer assisted tomography ; imaging system; diagnostic imaging; human;
article

6/3,KWIC/4 (Item 4 from file: 73)

DIALOG(R)File 73:EMBASE

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07624946 EMBASE No: 1999110530

Epiphyseal injuries of the distal tibia: Does MRI provide useful additional information?

EPIPHYSENFUGENVERLETZUNGEN DER DISTALEN TIBIA: SINNVOLLE MEHR DURCH DIE MRT?

Iwinska-Zelder J.; Schmidt S.; Ishaque N.; Hoppe M.; Schmitt J.; Klose K.J.; Gotzen L.

Dr. J. Iwinska-Zelder, Abteilung Strahlendiagnostik, Medizinisches Zentrum für Radiologie, Phillips-Universität Marburg, Baldingerstrasse, D-35033 Marburg Germany

Radiologe (RADIOLOGE) (Germany) 1999, 39/1 (25-29)

CODEN: RDLGB ISSN: 0033-832X

DOCUMENT TYPE: Journal; Article

LANGUAGE: GERMAN SUMMARY LANGUAGE: ENGLISH; GERMAN

NUMBER OF REFERENCES: 23

Epiphyseal injuries of the distal tibia: Does MRI provide useful additional information?

...Salter-Harris V fractures (crush fracture of the epiphyseal plate) are often primarily not detected. MRI of the ankle was performed in 10 children aged 9-17 (mean 14) years with...

...Magnetom Expert. The fractures were classified according to the Salter-Harris-Rang-Ogden classification and compared with the results of plain radiography. In one case MRI could exclude epiphyseal injury; in four cases the MRI findings changed the therapeutic management. The visualisation of the fracture in three orthogonal planes and...

...cartilage and ligamentous injury in MR imaging makes this method superior to conventional radiography and CT. With respect to radiation exposure MRI instead of CT should be used for the diagnosis of epiphyseal injuries in children.

MEDICAL DESCRIPTORS:

epiphysis plate; diagnostic value; nuclear magnetic resonance imaging; diagnostic approach route; disease classification; image analysis; foot radiography; intermethod comparison; computer assisted tomography; human; adolescent; child; article

6/3,KWIC/5 (Item 5 from file: 73)

DIALOG(R)File 73:EMBASE

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07434093 EMBASE No: 1998351167

Comparison of conventional and virtual simulation for radiation treatment planning of malignant lymphoma

Dinges S.; Koswig S.; Buchali A.; Wurm R.; Schlenger L.; Bohmer D.; Budach V.

Dr. S. Dinges, Klinik fur Strahlentherapie, Medizinische Fakultät der Charite, Schumannstrasse 20/21, D-10098 Berlin Germany

AUTHOR EMAIL: stefan.dinges@charite.de

Strahlentherapie und Onkologie (STRAHLENTHER. ONKOL.) (Germany) 1998, 174/SUPPL. 2 (28-30)

CODEN: STONE ISSN: 0179-7158

DOCUMENT TYPE: Journal; Conference Paper

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH; GERMAN

NUMBER OF REFERENCES: 13

Comparison of conventional and virtual simulation for radiation treatment planning of malignant lymphoma

...low rate of late effects for normal tissue. The purpose of this study was to compare conventional simulation and blocking with virtual simulation in terms of coverage of the target volume...

...was drawn onto the simulation films, based on the information from previous X-ray films, CT or MRI scans. For virtual simulation, contouring of the target volumes and organs at risk (e.g...

...Inc.) This was done in a beam's eye view environment on a currently driven CT scan in the treatment position. Both irradiation portals were compared in terms of coverage of the target volume and shielding of the organs at risk...

...patient, but was increased for the physician because of the more time consuming contouring procedure compared to conventional simulation. Conclusions: Virtual simulation based on CT scans for radiation treatment planning of malignant lymphoma gives more information about soft tissue structures...

MEDICAL DESCRIPTORS:

cancer radiotherapy; virtual reality; computer simulation; fluoroscopy; radiation shield; computer assisted tomography; nuclear magnetic resonance imaging; thorax radiography; computer program; human; clinical article; controlled study; conference paper

6/3,KWIC/6 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE
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07230450 EMBASE No: 1998132691

Slipped capital femoral epiphysis: A physeal lesion diagnosed by MRI, with radiographic and CT correlation

Umans H.; Liebling M.S.; Moy L.; Haramati N.; Macy N.J.; Pritzker H.A.
Dr. H. Umans, Department of Radiology, Albert Einstein College of
Medicine, 111 East 210th Street Bronx, NY 10467 United States
Skeletal Radiology (SKELET. RADIOL.) (Germany) 1998, 27/3 (139-144)
CODEN: SKRAD ISSN: 0364-2348
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 12

Slipped capital femoral epiphysis: A physeal lesion diagnosed by MRI, with radiographic and CT correlation

Objective. To define and compare early lesions associated with slipped capital femoral epiphysis (SCFE) on magnetic resonance imaging (MRI), computed tomography (CT) and radiography. Design and patients. Thirteen patients with 15 symptomatic hips due to SCFE underwent radiography and MRI; CT was performed in 12 patients. SCFE was graded on radiographs, head/neck angles and qualitative changes were evaluated on CT; and morphologic/signal abnormalities were determined on MRI. Results. Physeal widening, apparent on T1-weighted MRI, was evident in every case of SCFE, including one presumed 'pre-slip.' T2-weighted images demonstrated synovitis and marrow edema but obscured physeal abnormalities. CT head/neck angles ranged from 4-57degree for symptomatic to 0-14degree for asymptomatic hips. Physeal and metaphyseal changes were variably identified on both radiographs and CT in all cases of SCFE, but not in the pre-slip. Conclusion. MRI clearly delineates physeal changes of both pre-slip and SCFE, and demonstrates very early changes at a time when radiographs and CT may appear normal.

MEDICAL DESCRIPTORS:

*femur epiphysis; *epiphysis injury--diagnosis--di; *nuclear magnetic resonance imaging; *radiodiagnosis; *computer assisted tomography

6/3,KWIC/7 (Item 7 from file: 73)
DIALOG(R)File 73:EMBASE

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03706782 EMBASE No: 1988156218

Evaluation of intrathoracic extent of lung cancer by plain chest radiography, computed tomography, and magnetic resonance imaging

Batra P.; Brown K.; Collins J.D.; Ovenfors C.O.; Steckel R.J.

Department of Radiological Sciences, UCLA Medical Center, Los Angeles, CA 90024 United States

American Review of Respiratory Disease (AM. REV. RESPIR. DIS.) (United States) 1988, 137/6 (1456-1462)

CODEN: ARDSB ISSN: 0003-0805

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Evaluation of intrathoracic extent of lung cancer by plain chest radiography, computed tomography, and magnetic resonance imaging

A comparison was made of the ability of plain chest radiography, computed tomography (CT), and magnetic resonance imaging (MRI) to detect and assess the intrathoracic extent of lung cancer in 46 patients.

The chest radiographs (CXR) were obtained with a high kilovoltage phototimed technique. The CT scans were obtained with a GE 9800 machine and the MRI studies with a 0.3 Tesla permanent magnet imaging system. The primary tumor was well demonstrated by all 3 imaging techniques; however, the configuration of lesions was best demonstrated by CT. MRI was superior to CXR and CT for demonstrating hilar involvement in 4 cases.

CT and MRI were generally comparable for demonstrating mediastinal involvement but were superior to CXR. In 2 cases, small normal size nodes seen on CT were considered to be a single large abnormal node on MRI.

Because of the paucity of signal from flowing blood, compression and displacement of vessels were easier to identify with MRI. In 1 case, a small pleural effusion was better seen with CT than with CXR or with MRI.

Direct chest wall involvement in 1 case was not seen by CXR. Vertebral body abnormality in another case was seen only by MRI and not by CXR or CT.

At present, MRI, with its long scanning time, motion degradation of the image, and poor spatial resolution, is inferior to CT for imaging lung cancer. For evaluation of intrathoracic extent of lung cancer, CT remains the procedure of choice after performing plain chest radiography.

MEDICAL DESCRIPTORS:

comparative study; computer assisted tomography; nuclear magnetic resonance imaging; thorax radiography; computer analysis; priority journal; human; major clinical study

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S TOMOGRAP? AND (MAGNETIC? (2W) RESONANCE?) AND PD<=0012222 ANI
)
>>>File 16 processing for PD= : PD=0012222
>>> started at PD=19900101 stopped at PD=19950623
Processing
>>>File 20 processing for WORK? stopped at WORKON
Processing
Processing
>>>File 73 processing for RADIO? stopped at RADIOIMMUNOLIGAND
>>>File 194 processing for PD= : PD=0012222
>>> started at PD=820913 stopped at PD=890608
Processing
>>>File 489 processing for PD= : PD=0012222
>>> started at PD=900806 stopped at PD=960301
>>>File 635 processing for PD= : PD=0012222
>>> started at PD=1190 stopped at PD=901000
Processed 10 of 17 files ...
>>>File 636 processing for PD= : PD=0012222
>>> started at PD=19880101 stopped at PD=19940318
>>>File 649 processing for PD= : PD=0012222
>>> started at PD=830104 stopped at PD=890111
Processing
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>>> started at PD=901001 stopped at PD=950723
>>>File 728 processing for PD= : PD=0012222
>>> started at PD=1022 stopped at PD=960701
>>>File 813 processing for PD= : PD=0012222
>>> started at PD=100000 stopped at PD=900914
Completed processing all files
270474 TOMOGRAP?
553131 MAGNETIC?
372652 RESONANCE?
318890 MAGNETIC?(2W)RESONANCE?
28191652 PD<=0012222
3510568 RADIO?
3107160 IMAG?
16419605 WORK?
2997274 STATION?
790308 TERMINAL
5804817 COMPUTER
1228 RADIO?(2N)IMAG?(5W)((WORK? OR STATION?) OR TERMINAL) (COMPUTER)
S1 129 TOMOGRAP? AND (MAGNETIC? (2W) RESONANCE?) AND PD<=(
AND ((RADIO? (2N) IMAG?) (5W) (WORK? OR STATION? OR

TERMINAL OR COMPUTER))

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S TOMOGRAP? AND (MAGNETIC? (2W) RESONANCE?) AND PD<=0012222 A
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Your SELECT statement is:

S TOMOGRAP? AND (MAGNETIC? (2W) RESONANCE?) AND PD<=0012222
(2N) IMAG?) (5W) (WORK? OR STATION? OR TERMINAL OR COMPUTER))

Items File

2 13: BAMP_2005/May W2

>>>File 16 processing for PD= : PD=0012222

>>>File 16: started at PD=19900101 stopped at PD=19950623

2 16: Gale Group PROMT(R)_1990-2005/May 13

Processing

Processing

>>>File 20 processing for WORK? stopped at WORKON

1 20: Dialog Global Reporter_1997-2005/May 15

>>>File 73 processing for RADIO? stopped at RADIOIMMUNOLIGAND

101 73: EMBASE_1974-2005/May W2

Examined 50 files

>>>File 194 processing for PD= : PD=0012222

>>>File 194: started at PD=820913 stopped at PD=890608

1 194: FBODaily_1982/Dec-2005/Feb

Examined 100 files

2 449: IMS Company Profiles_1992-2005/Mar

>>>File 489 processing for PD= : PD=0012222

>>>File 489: started at PD=900806 stopped at PD=960301

1 489: The News-Sentinel_1991-2005/May 12

1 510: ESPICOM Pharm & Med Co. Profile_2005/May

Examined 150 files

Examined 200 files

1 610: Business Wire_1999-2005/May 15

>>>File 635 processing for PD= : PD=0012222

>>>File 635: started at PD=1190 stopped at PD=901000

1 635: Business Dateline(R)_1985-2005/May 14

>>>File 636 processing for PD= : PD=0012222

>>>File 636: started at PD=19880101 stopped at PD=19940318

4 636: Gale Group Newsletter DB(TM)_1987-2005/May 16

Examined 250 files

>>>File 649 processing for PD= : PD=0012222

>>>File 649: started at PD=830104 stopped at PD=890111

2 649: Gale Group Newswire ASAP(TM)_2005/May 05

>>>File 660 processing for PD= : PD=0012222

>>>File 660: started at PD=901001 stopped at PD=950723
1 660: Federal News Service_1991-2002/Jul 02
Examined 300 files
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>>>File 728: started at PD=1022 stopped at PD=960701
2 728: Asia/Pac News_1994-2005/May W2
3 765: Frost & Sullivan_1992-1999/Apr
1 767: Frost & Sullivan Market Eng_2005/May
Examined 350 files
>>>File 813 processing for PD= : PD=0012222
>>>File 813: started at PD=100000 stopped at PD=900914
3 813: PR Newswire_1987-1999/Apr 30
>>>I/O error in file 992
>>>I/O error in file 993
>>>I/O error in file 993

17 files have one or more items; file list includes 369 files.
One or more terms were invalid in 226 files.

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